

ABSTRAK

“ASUHAN KEBIDANAN KOMPREHENSIF PADA PEREMPUAN “PR” DI PMB “NP” WILAYAH KERJA PUSKESMAS BANJAR 1 KABUPATEN BULELENG TAHUN 2022”

Oleh

I Gusti Agung Ayu Sri Riskayani

NIM. 1906091047

Setiap kehamilan sering terjadinya perubahan fisik ataupun psikologis terutama pada Trimester III salah satunya sering kencing. Penyebab sering kencing yaitu karena pembesaran janin dan plasenta yang memberikan tekanan pada daerah kandung kemih sehingga menjadikan ibu hamil sering ingin berkemih. Jika tidak diatasi dapat mengganggu kenyamanan ibu hamil. Tujuan dari penelitian ini yaitu memberikan asuhan kebidanan secara komprehensif pada perempuan “PR” mulai masa kehamilan UK 37 minggu 3 hari, bersalin, nifas, bayi baru lahir dan sampai ibu menentukan metode KB. Pada penyusunan laporan metode yang digunakan yaitu jenis deskriptif dengan pendekatan studi kasus dari asuhan yang sudah dilakukan. Pengambilan data dilakukan dengan metode wawancara, observasi, pemeriksaan fisik, dokumentasi dan studi kepustakaan. Subyek dalam penelitian ini yaitu Perempuan “PR” G2P1A0 UK 37 Minggu 3 Hari dengan keluhan sering kencing di PMB “NP” Wilayah Kerja Puskesmas Banjar 1 Kabupaten Buleleng. Dari asuhan pada ibu “PR” didapatkan hasil bahwa ibu mengalami sering kencing pada kunjungan ke-1 diberikan KIE mengenai cara mengatasi sering kencing yaitu dengan mengurangi minum air 1-2 jam sebelum tidur, mengurangi minuman berkafein dan melakukan senam kegel ibu hamil. Pada kunjungan ke-2, sering kencing masih dirasakan namun tidak mengganggu istirahat/aktivitas ibu. Tidak ditemukan komplikasi saat kehamilan, proses persalinan yaitu spontan belakang kepala dengan lama kala I berlangsung ± 4 jam, kala II berlangsung 15 menit, kala III berlangsung 10 menit, kala IV berlangsung 1-2 jam. Pada masa nifas pemeriksaan ibu dan bayi dalam batas normal, terdapat riwayat laserasi grade II. Simpulan yang dapat ditarik dari kasus perempuan ‘PR’ yang terdapat kesenjangan antara asuhan dan teori yaitu selama kehamilan melakukan pemeriksaan USG 1 kali pada TM 2, saat menolong persalinan tidak memeriksa belitan tali pusar, tidak dilakukan sangga susur, serta tidak memfasilitasi IMD pada bayi segera setelah bayi lahir.

Kata Kunci: *Asuhan Komprehensif, Kehamilan TM III, Sering Kencing*

ABSTRACT

Comprehensive Midwifery Care for “PR” Women at PMB “NP” in the Work Area of the Banjar 1 Public Health Center, Buleleng Regency in 2022”

By

I Gusti Agung Ayu Sri Riskayani

NIM. 1906091047

In every pregnancy, physical or psychological changes often occur, especially in the third trimester, one of which is frequent urination. The cause of frequent urination is due to the enlargement of the fetus and placenta which puts pressure on the bladder area so that pregnant women often want to urinate. If not addressed can interfere with the comfort of pregnant women. The purpose of this study is to provide comprehensive midwifery care for “PR” women starting at 37 weeks 3 days of gestation, maternity, postpartum, newborn and until the mother determines the family planning method. In the preparation of the report the method used is descriptive type with a case study approach from the care that has been carried out. Data collection was done by interview, observation, physical examination, documentation, and literature study. The subjects in this study were “PR” G2P1A0 women, 37 weeks 3 days of gestation with complaints of frequent urination in PMB “NP” in the Work Area of the Banjar 1 Public Health Center, Buleleng Regency. From the care for the “PR” mother, it was found that the mother experienced frequent urination on the 1st visit, given KIE on how to overcome frequent urination, namely by reducing drinking water 1-2 hours before bedtime, reducing caffeinated drinks, and doing kegel exercises for pregnant women. On the 2nd visit, frequent urination was still felt but did not interfere with the mother’s rest/activity. No complications were found during pregnancy, the birth process was spontaneous behind the head with the duration of the first stage lasting 4 hours, the second stage lasting 15 minutes, the third stage lasting 10 minutes, and the fourth stage lasting 1-2 hours. During the puerperium, maternal and infant examinations were within normal limits, with a history of grade II lacerations. The conclusion that can be drawn from the case of the “PR” woman who has a gap between care and theory is that during pregnancy she performed an ultrasound examination 1 time at TM 2, when she assisted in childbirth, she did not check the entanglement of the umbilical cord, did not perform braces, and did not facilitate early initiation of breastfeeding in children. Baby immediately after birth.

Key Words: Comprehensive Care, TM III Pregnancy, Frequent Urination